

252594
252595

Request for Cancellation of Certificate

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: 09-15-2014

2013-146-T
2014-365-T

Please consider this a request to cancel my:

- | | |
|---|---|
| <input type="checkbox"/> Class C Taxi Certificate | <input type="checkbox"/> Class A Restricted Certificate |
| <input type="checkbox"/> Class C Charter Certificate | |
| <input type="checkbox"/> Class C Charter Bus Certificate | |
| <input checked="" type="checkbox"/> Non-Emergency Certificate | |
| <input type="checkbox"/> Class E Household Goods Certificate | |
| <input type="checkbox"/> Class E Hazardous Wastes Certificate | |

RECEIVED

My Certificate Number is #8736.

Wendell Glen and Scott City DBA
(Name of Company)

Wendell Scott Medical Transit
(If applicable)

620 McElrath Rd.
(Street Address)

(Mailing Address if different from Street Address)

Woodruff SC 29388
(City, State, Zip Code)

(City, State, Zip Code)

(864) 680-0433
(Telephone Number)


(Signature)

Owner
(Title) Owner, President, etc.